

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/914645

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		1		1		1
3		2		1		1
4		2		1		1
5		2		1		1
6		2		1		1
7		2		1		1
8		2		1		1
9		2		1		1
10		2		1		1
11		2		1		1
12		2		1		1
13	/		/		/	
14		1		1		1
15		2		1		1
16		2		1		1
17	/		/		/	
18		1		1		1
19		2		1		1
20		2		1		1
21		2		1		1
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TOTAL IND.	↓		3	↓	3	↓
TOTAL DEP.		↓	23	↓	23	↓
TOTAL CLAIMS			24		24	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	↓			↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS